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Mail registration to: Blacksburg Aquatic Center 625 Patrick Henry Drive Blacksburg, VA 24060									
				PHONE # (H)			Age(O)		
1st Choice Activity # 2nd Choice Activity # 3rd Choice Activity # Amount \$								_	
List any medical problems such as allergies, asthma, allergic reaction to bee stings, etc.									
In case of emergency, when I cannot be reached, I give my permission for my child to receive appropriate medical or dental treatment.									
Date									
Parent or Guardian									
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